MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85a)

CERTIFICATE OF DEATH

11468

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Lower Marlboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert
City or town: Lower Marlboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Samuel J Cox

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	W

6 (b) Name of husband or wife
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 16, 1862

8. AGE:

Years	Months	Days	If less than one day
78	0	18	____ hrs. ____ min.

9. Birthplace: Md (Town, county, and state)
10. Usual occupation: merchant retired
11. Industry or business: Store

FATHER
12. Name: Wm Cox
13. Birthplace: Md

MOTHER
14. Maiden name: Susan Dunn
15. Birthplace: Md

16. Informant: Leslie Cox
Address: Lower Marlboro

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 6 1940 (month) (day) (year)
Cemetery or crematory: Cemetary
Location: Lower Marlboro Md.
18. Funeral director: W. H. Hutchins
Address: Owings Md.

19. Nov. 6 1940 (Date rec'd by registrar) M. B. Cox Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 3 1940 at 1010 P M 4.50

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937 to Nov 3 1940, and that I last saw h[im] alive on Nov 3 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage	10 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Cate of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H W Ward M. D. or other
Address: Owings Md Date signed 11/2/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

11469

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:
County: Calvert
City or town: Olivet
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Olivet Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Doris Gross

3. (b) Social Security Number —

4. Sex: Female
5. Color or race: Black
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): January 24 1940
8. AGE: Years | Months: 9 | Days: 14 | If less than one day: hrs. min.
9. Birthplace: Olivet, Md (Town, county, and state)
10. Usual occupation: at home
11. Industry or business
FATHER 12. Name: (illegimate)
13. Birthplace
MOTHER 14. Maiden name: Essey Gross
15. Birthplace: Olivet, Md
16. Informant: Leonard Gross
Address: Olivet, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/9/40 (month) (day) (year)
Cemetery or crematory: Olivet
Location: Olivet, Md.
18. Funeral director: P. E. Sewell
Address: Prince Frederick, Md.
19. 11/9/40 19 (Date rec'd by registrar) Dr. E. S. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 - 1940, at 3 30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 ,
and that I last saw him alive on Oct. 14 - 1940.

Immediate cause of death: Inanition -
Due to: Gastro-enteritis, C.W.G.R.
Duration: one month
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

DURATION: 3 mos.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr. E. S. Coster M. D. or other
Address Solomons, Md Date signed 11/9/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
U. S.

11470

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert

City or town Lower Marlboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Calvert

City or town Lower Marlboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter Garfield Hinman

3. (b) Social Security Number

4. Sex Male

5. Color or race white

6. (a) Single, married, widowed, or divorced ~~S~~ married (separated)

6 (b) Name of husband or wife unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 1, 1881

8. AGE: Years 58 Months 11 Days 28 If less than one day hrs. min.

9. Birthplace Calvert Co. Md.

(Town, county, and state)

10. Usual occupation Unemployed for 20 years

11. Industry or business

FATHER

12. Name Walter Salisbury Hinman

13. Birthplace Salisbury Conn.

MOTHER

14. Maiden name Julia Ann Hopkins

15. Birthplace Ellicott City, Md.

16. Informant Mrs. Tom Younger

Address L. Marlboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 2 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Loudon Cemetery Balto Md.

18. Funeral director W. H. Hutchins

Address Owings Md.

19. Dec. 2 1940 (Date rec'd by registrar) M. B. Cox Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1940, at 6 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10 1939, to November 29 1940, and that I last saw him alive on November 2 1940

Immediate cause of death Cerebral Thrombosis

Due to Tertiary Lues

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

1 day?

20 yrs

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Roger Jett M. D. or other

Address Bruce Frederick Date signed 11/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

11471

Reg. Dist. No. 51

1. PLACE OF DEATH:
County Calvert
City or town Lusby
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Lusby Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Marion Pricilla Locke

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife James Locke
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE:

Years	Months	Days	If less than one day
79			____ hrs. ____ min.

9. Birthplace Barstow, Calvert Co. Md.
(Town, county, and state)

10. Usual occupation X

11. Industry or business

FATHER
12. Name Anthony Forrester
13. Birthplace Calvert County

MOTHER
14. Maiden name Mary King
15. Birthplace Calvert County

16. Informant Mary E. Mosley
Address Lusby, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/25/40 (month) (day) (year)
Cemetery or crematory St. Johns
Location Lusby
18. Funeral director P. E. Seweel
Address Ft. Frederick, Md.

19. 11/25/40 (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1939, to November 1940, and that I last saw her alive on November 17 1940

Immediate cause of death	DURATION
Gangrene of Lt. foot	Oct 4, 1940
Due to Cerebral Hemorrhage	Sept 1940
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Gage & Jett M. D. or other
Address Ft. Frederick, Md. Date signed 11/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170-0)

11472

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
County: Calvert
City or town: Owings
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert
City or town: Owings Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lelia Brooks Morsell
3. (b) Social Security Number: none

4. Sex: F.
5. Color or race: C
6. (a) Single, married, widowed, or divorced: Yrs.
8 (b) Name of husband or wife: George Morsell
6(c) If alive, give age: 27 years
7. Birth date of deceased (mo., day, yr.): July 15, 1916
8. AGE: Years 24 Months 3 Days 25 If less than one day ___ hrs. ___ min.
9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business: at home
FATHER
12. Name: Thos. H. Brooks
13. Birthplace: Md.
MOTHER
14. Maiden name: Mary J. Brooks
15. Birthplace: Md.
16. Informant: Thos H Brooks
Address: Owings Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 17, 1940 (month) (day) (year)
Cemetery or crematory: Mt. Hope
Location: Sunderland
18. Funeral director: W. H. Hutchins
Address: Owings, Maryland
19. 11/18 1940 (Date rec'd by registrar) W. H. Hardesty

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 10 1940, at 11:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___ to ___ 19___, and that I last saw h Not attended alive on ___ 19___.
Immediate cause of death: Crushing wounds of head and chest.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 11/10
Where did injury occur? Sunderland (City or town) Calvert (County) Md. (State)
Injured at home, farm, industry, public place (where?): State Road.
Means of injury: Auto Injured at work? No
23. SIGNATURE: E. T. Briscoe
Deputy Medical Examiner for Cal. Co. M.D. or Other
Address: Prince Frederick, Md. Date signed: 11/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 19 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (27-a)

11473

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County Calvert

City or town Dowell
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Dowells Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Patricia Ann Sharon (Clark)

3. (b) Social Security Number

4. Sex F.

5. Color or race B.

6.(a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24, 1940

8. AGE: Years | Months 2 | Days 21 | If less than one day hrs. min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Wesley Sharon
13. Birthplace Florida

MOTHER
14. Maiden name Marie Clark (Johnson 1st marriage)
15. Birthplace Calvert Co. Md.

16. Informant Marie Clark

Address Dowell, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof 11 | 16 | 40
(month) (day) (year)

Cemetery or crematory St. Johns

Location Lusby, Md

18. Funeral director P. E. Sewell

Address Prince Frederick

19. 11/16 1940 Dr. E. I. Coster
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1940, at 4 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 11 1940, to Nov 15 1940, and that I last saw h en alive on Nov 11 1940.

Immediate cause of death Dysentery (Probably Bacillary) — DURATION 5 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Page L Jett M. D. or other

Address Prince Frederick Date signed 11/15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

11474

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Lusby
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Calvert

City or town Lusby Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Stinnett

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: W

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 17, 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Calvert County
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Ray Stinnett
13. Birthplace Calvert County

MOTHER
14. Maiden name Rubye Fowler
15. Birthplace Calvert County

16. Informant Blanche Stinnett

Address Lusby, Md.

17. Burial Date thereof Nov. 18, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls

Location Pr. Frederick

18. Funeral director James Fowler

Address Lusby, Md.

19. 11/18 1940 I. N. Terry
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1940, at 10.15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 17 1940, to Nov 17 1940, and that I last saw her alive on Stillborn 19

Immediate cause of death: Prematurity 5 months gestation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Page Jett M. D. or other

Address Prince Frederick Date signed 11/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.